

**FEE TRANSMITTAL**

Application Number 10/718,340

Art Unit 1654

Filing Date November 20, 2003

Confirmation No. 3646

Inventor(s) Rory Finn

Examiner Name Maury A. Audet

Attorney Docket Number 01449/1 (PHA 3300.1)



☐ Applicant claims small entity status.

**METHOD OF PAYMENT**

☒ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

☐ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

**FEE CALCULATION**

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES  
(Type: \_\_\_\_\_) Subtotal (1) \$ \_\_\_\_\_

2. ☐ EXCESS CLAIM FEES

Total Claims \_\_\_\_ - \_\_\_\_ (HP) = 0 x Fee \_\_\_\_ = \$0.00  
Indep Claims \_\_\_\_ - \_\_\_\_ (HP) = 0 x Fee \_\_\_\_ = \$0.00  
Multiple Dependent Claims Fee \$ \_\_\_\_\_  
(HP = highest number of claims paid for)

Subtotal (2) \$0.00

3. ☐ APPLICATION SIZE FEE

Total Pages N/A - 100 = NaN ÷ 50 = 0 x \$ \_\_\_\_ = \$0.00  
(Application + Drawings) (round up to whole #)

Subtotal (3) \$0.00

4. ☒ OTHER FEE(S)

- ☒ three month extension of time
- ☐ Information disclosure statement
- ☐ 37 CFR 1.17(q) processing fee
- ☐ Non-English specification
- ☐ Notice of Appeal
- ☐ Filing a brief in support of appeal
- ☐ Request for oral hearing
- ☐ Other: \_\_\_\_\_

Subtotal (4) \$1020.00

**TOTAL AMOUNT OF PAYMENT \$1020.00**

Edward J. Hejlek  
Reg. No. 31,525

6/5/2007

Date

Telephone: 314-231-5400

EJH/dep

Express Mail Label No. EL910603380US